

**NON-CREDIT PROGRAMS  
CONTINUING EDUCATION UNIT (CEU) APPLICATION**

**Directions:** Please **TYPE** this application according to the instructions provided in this packet. If you have questions, please call. Also attach any documentation that would support your application (i.e. printed training objectives, programs and vitae).

**Name of Department/Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person** (Include title and telephone number): \_\_\_\_\_

**Title of Course/Activity:** \_\_\_\_\_

**Course/Activity Objectives:** \_\_\_\_\_

**Brief Description:** \_\_\_\_\_

**Target Audience:** \_\_\_\_\_ **Format:** \_\_\_\_\_

**Level** (Refer to application procedures for descriptions): \_\_\_\_\_ Category I \_\_\_\_\_ Category II \_\_\_\_\_ Category III

**Estimated Audience:** \_\_\_\_\_ **Tentative Dates:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Cooperating Non-Institutional Organizations** (Refer to application procedures for details): \_\_\_\_\_

**Total Instructional Contact Hours:** \_\_\_\_\_ **Number of CEUs Recommended:** \_\_\_\_\_

{ One (1) CEU= Ten (10) Clock Hours                      Cost: One CEU or less is \$20; over One CEU is \$2 per 1/10 CEU }

**Teaching Location:** \_\_\_\_\_

**Source of Revenue:** \_\_\_\_\_ **Suggested Enrollment Fee:** \_\_\_\_\_

**Personnel Data:** [Name, Social Security Number and Telephone Number of Teacher(s)/Consultant(s)]

**Time Personnel will allocate to this course/activity** (If University personnel, please explain): \_\_\_\_\_

**Evaluation Procedure:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Course Instructor/Activity Director (Application be signed)

Date

Department Chair/Immediate Supervisor (Not applicable for Non-University requests) \_\_\_\_\_ Date

Dean, Academic School (Not applicable for Non-University requests) \_\_\_\_\_ Date

Director, Non-Credit Programs \_\_\_\_\_ Date

Dean, College of Lifelong Learning \_\_\_\_\_ Date

Vice President for Academic Affairs \_\_\_\_\_ Date

**JACKSON STATE UNIVERSITY  
COLLEGE OF LIFELONG LEARNING  
NON-CREDIT PROGRAMS**

# PERSONNEL DATA FORM

## Personal

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Employment

Name of Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

**Education:** Please list education, beginning with the highest degree received.

Year	Degree	Major(s)	College or University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	High School Graduate	_____	Equivalency Graduate

**Certification, Licenses, Relevant Training (Please combine similar training.)**

Year	Certification, License or Program	Certifying or Training Organization
_____	_____	_____
_____	_____	_____

If requested, complete the following: \_\_\_\_\_ Requested \_\_\_\_\_ Not requested

Briefly describe your special expertise, experience, knowledge and recognition directly related to the proposed work. Combine figures and years of experience in work areas, listing or highlighting the most relevant or recent first. (Unless it is relative, such as a past publication, please do not go back more than ten years, unless combined with recent work.)

(Use additional sheet or reverse side as necessary or desired.)

## CONTINUING EDUCATION UNIT (CEU) ENROLLMENT AND REQUEST FORM

### INSTRUCTIONS

The student/participant should complete **Section I** of this form during the first class meeting and submit it along with CEU fees to the teacher/consultant for completion. For **Section II**, the student should evaluate the training or seminar and submit the form to the activity director/ program facilitator or mail-in form to: **College of Lifelong Learning - Director, Non-Credit Programs - 3825 Ridgewood Road - Jackson, MS 39211** with appropriate check payable to Jackson State University.

**Section III** should be completed by the course faculty/activity director, the Director of Non- Credit Programs, and Dean, College of Lifelong Learning.

A University CEU certificate indicating the number of CEUs earned will be mailed to students/participants who successfully complete course/activity requirements. CEU credits will be maintained as permanent cumulative records. (CEU requests will not be honored if submitted more than 30 days after final course/activity date.)

### SECTION I

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Title of Course/Activity: \_\_\_\_\_  
Department/Agency: \_\_\_\_\_  
Number of CEUs Requested: \_\_\_\_\_ CEU Fee \$ \_\_\_\_\_

### SECTION II

#### Evaluation of the Training

\_\_\_\_ Excellent    \_\_\_\_ Good    \_\_\_\_ Average    (The training was well organized, interactive and motivating.)  
\_\_\_\_ Excellent    \_\_\_\_ Good    \_\_\_\_ Average    (I enjoyed the speaker and or trainer)  
\_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ N/A    (The topics and discussions were related to my field of work.)  
Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION III

This course/activity was offered in compliance with procedures set forth by Jackson State University's College of Lifelong Learning. The student/participant has satisfactory met course requirements and is therefore awarded \_\_\_\_\_ CEUs.

\_\_\_\_\_  
Signature and Title of Trainer or Activity Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Non- Credit Programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, College of Lifelong Learning

\_\_\_\_\_  
Date

**Jackson State University  
College of Lifelong Learning  
Non-Credit Programs**

**Continuing Education Unit (CEU) Application  
Event Summary: A Suggested Format**

**Date:** \_\_\_\_\_

**Department/Agency:** \_\_\_\_\_

**Title of Course/Activity:** \_\_\_\_\_

Objectives	Content (Topics)	Time Frame	Teacher/Consultant	Instructions
List objectives in operational/behavioral terms.	List each topic and provide description or outline of the content to be presented.	State the beginning and ending time for Each topic area.	List the name and title of presenter(s) for each topic area.	Describe the specific teaching/training method(s) to be used.